### PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

### NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) **DISCHARGE MONITORING REPORT (DMR)**

**MONITORING PERIOD** 

TO

YEAR

### **Submit Monthly**

WA00040827

МО

YEAR

FROM

**PERMIT NUMBER** 

DAY

01

001 **Cowlitz River DISCHARGE NUMBER** 

МО

DAY

**NOTE: Read instructions** before completing this form.

Lewis COUNTY

NAME

**ADDRESS** 

**Jackson Prairie Gas Storage Facility FACILITY** 

239 Zandecki Road LOCATION

Chehalis WA 98532

**Puget Sound Energy** 

Bellevue, WA 98009

P.O. Box 97034

		QUANTITY OR LOADING				QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		AVERAGE MONTHLY	MAXIMUM DAILY	UNITS	MINIMUM DAILY	AVERAGE MONTHLY	MAXIMU DAILY		JNITS	EX.	OF ANALYSIS	TYPE
Flow	SAMPLE MEASUREMENT											
11000	PERMIT REQUIREMENT		2,200,000	gpd						0	Continuous	Metered
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT						_				-	
	PERMIT REQUIREMENT										-	
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUTIVE	DESIG EVALU PERSO GATHE	IFY UNDER PENALTY OF LAI RED UNDER MY DIRECTIOI NED TO ASSURE THAT ATED THE INFORMATION SI DIS WHO MANAGE THE SYS ERING INFORMATION, THE IN LEDGE AND BELIEF, TRUE, LEDGE AND BELIEF, TRUE,	N OR SUPERVISION IN ACC QUALIFIED PERSONNEL P UBMITTED. BASED ON MY I TEM OR THOSE PERSONS I FORMATION SUBMITTED IS,	CORDANCE WITH ROPERLY GATH NQUIRY OF THE FORESTLY RESPONTO THE BEST OF	A SYSTEM ERED AND PERSON OR ISIBLE FOR MY			•	TELEPHO	DNE	D	ATE
	ARE S	SIGNIFICANT PENALTIES FO BILITY OF FINE AND IMPRISO	OR SUBMITTING FALSE INF	ORMATION, INCL ATIONS. SEE 18 U	UDING THE JSC §							
TYPED OR PRINTED		ND 33 USC § 1319. <i>(PENALT</i> 0.00 AND OR MAXIMUM IMPR				IATURE OF PRINCIPAL FFICER OR AUTHORIZE		AREA CODE	N	UMBER	YEAR N	O DAY

#### PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

## NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)				
	DISCHARGE	MONITORING	REPORT	(DMR)

**MONITORING PERIOD** 

TO

YEAR

WA00040827

**PERMIT NUMBER** 

МО

YEAR

POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 USC § 1001 AND 33 USC § 1319. (PENALTIES UNDER THESE STATUES MAY INCLUDE FINES UP TO

\$10,000.00 AND OR MAXIMUM IMPRISONMENT OF BETWEEN SIX MONTHS AND FIVE YEARS.)

002 **Underground** Wastewater Injection at **Injection Well SU-909 DISCHARGE NUMBER** 

МО

SIGNATURE OF PRINCIPAL EXECUTIVE

OFFICER OR AUTHORIZED AGENT

AREA

CODE

NUMBER

YEAR

DAY

**NOTE: Read instructions** before completing this form.

	Injection	has	not	begun
--	-----------	-----	-----	-------

**Puget Sound Energy** NAME **ADDRESS** P.O. Box 97034

Bellevue, WA 98009

Lewis COUNTY

**FACILITY** 

**Jackson Prairie Gas Storage Facility** FROM

239 Zandecki Road LOCATION

Chehalis, V	VA 98532					_					
		QUANTITY OR LOADING				NO.	FREQUENCY	SAMDI E			
PARAMETER		Maximum Instantaneous	MAXIMUM MONTHLY CUMULATIVE		UNITS	EX.	OF ANALYSIS	SAMPLE TYPE			
Flow*	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	n/a	499,000	n/a	gpd	0	01/01	Continuous Record	der		
Wellhead injection	SAMPLE MEASUREMENT										
pressure	PERMIT REQUIREMENT	800	n/a	n/a	psi	n/a	01/01	Continuous Record	der		
Casina Drassura	SAMPLE MEASUREMENT										
Casing Pressure	PERMIT REQUIREMENT	n/a	Report	n/a	psi	n/a	01/01	Continuous Record	der		
Volume of Injected	SAMPLE MEASUREMENT										
Wastewater*	PERMIT REQUIREMENT	n/a	n/a	Report	gallons	n/a	01/01	Continuous Record	der		
Bottom Hole	SAMPLE MEASUREMENT										
Pressure*	PERMIT REQUIREMENT	n/a	Report	n/a	psi	n/a	01/01	Continuous Recorder			
NAME/TITLE PRINCIPAL EXECUTIVE	PREP/ DESIG EVALU PERS/ GATHI KNOW	IFY UNDER PENALTY OF LAI RED UNDER MY DIRECTIOI NED TO ASSURE THAT ( JATED THE INFORMATION SI DNS WHO MANAGE THE SYS ERING INFORMATION, THE INI LEDGE AND BELIEF, TRUE, FO SIGNIFICANT PENALTIES FO	N OR SUPERVISION IN A QUALIFIED PERSONNEL JBMITTED. BASED ON MIS TEM OR THOSE PERSONS FORMATION SUBMITTED IS ACCURATE, AND COMPLE	CCORDANCE WITH A SYS' PROPERLY GATHERED A INQUIRY OF THE PERSON DIRECTLY RESPONSIBLE I S, TO THE BEST OF MY TEE. I AM AWARE THAT THI	TEM AND OR FOR ERE			TELEPHONE		DATE	

DAY

01

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TYPED OR PRINTED

Permittee is required to use sampling and analytical methods according to the permit. Further, the methods quantitation/reporting levels must be equal to or less than the corresponding permit limits. If such methods do not exist, the Permittee must use methods with lowest quantitation/reporting levels available.

DAY

<sup>\*</sup>After Start of Injection (see S.3.B)

## PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

Lewis

NAME

**ADDRESS** 

COUNTY

**FACILITY** 

LOCATION

**Puget Sound Energy** 

Bellevue, WA 98009

239 Zandecki Road

**Jackson Prairie Gas Storage Facility** 

P.O. Box 97034

# NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

S	ubm	it N	lon	thl

WA00040827
PERMIT NUMBER

FROM

003 SU-904 DISCHARGE NUMBER

DAY

NOTE:	Read instruc	tions
before	completing th	is form

	IV	IONITO	RING	PERIO	D
YEAR	МО	DAY		YEAR	N
		01	TO		

Injection has not begun

Chehalis, V	VA 98532			'			•					_
		QUANTITY OR LOADING				QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		AVERAGE MONTHLY	MAXIMUM DAILY	UNITS	MINIMUM DAILY	AVERAGE MONTHLY	MAXIMU DAILY		JNITS	EX.	OF ANALYSIS	TYPE
Bottom Hole	SAMPLE MEASUREMENT											
Pressure*	PERMIT REQUIREMENT		Report	psi						0	01/30	Calculated
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUTIVE	PREPA DESIG EVALU PERSO GATHI KNOW	IFY UNDER PENALTY OF LAW RED UNDER MY DIRECTION NED TO ASSURE THAT O NATED THE INFORMATION SU DIS WHO MANAGE THE SYS ERING INFORMATION, THE INF LEDGE AND BELIEF, TRUE, IGONIFICANT PENALTIES. FO	I OR SUPERVISION IN ACC QUALIFIED PERSONNEL P IBMITTED. BASED ON MY I TEM OR THOSE PERSONS D FORMATION SUBMITTED IS, ACCURATE, AND COMPLETE	CORDANCE WITH ROPERLY GATH NQUIRY OF THE FINERCTLY RESPONTO THE BEST OF E. I AM AWARE T	A SYSTEM ERED AND PERSON OR ISIBLE FOR MY HAT THERE				TELEPHO	DNE	ı	ATE
TYPED OR PRINTED	POSSI 1001 A \$10,00	BILITY OF FINE AND IMPRISO IND 33 USC § 1319. (PENALTI 0.00 AND OR MAXIMUM IMPRI	NMENT FOR KNOWING VIOL	ATIONS. SEE 18 US MAY INCLUDE F	ISC § INES UP TO SI	GNATURE OF PRINCIPAL OFFICER OR AUTHORIZE		AREA CODE	NU	JMBER	YEAR	MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Permittee is required to use sampling and analytical methods according to the permit. Further, the methods quantitation/reporting levels must be equal to or less than the corresponding permit limits. If such methods do not exist, the Permittee must use methods with lowest quantitation/reporting levels available.

<sup>\*</sup>After Start of Injection (see S.3.B)

### PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

### NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) **DISCHARGE MONITORING REPORT (DMR)**

**PERMIT NUMBER** 

004 **Wastewater Injection at Injection Well SU-909** 

		·	•
NOTE:	Read	instru	ctions

before completing this form.

**Puget Sound Energy** NAME P.O. Box 97034 **ADDRESS** Bellevue, WA 98009

**DISCHARGE NUMBER** 

Injection has not begun

Lewis COUNTY

**FACILITY** 

**Jackson Prairie Gas Storage Facility** 

LOCATION 239 Zandecki Road Chehalis WA 98532 **FROM** 

	N	IONITOF	RING	<b>PERIO</b>	D	
YEAR	MO	DAY		YEAR	MO	DAY
		01	TO			

		QUAN	ITITY OR LO	ADING	QUA	ALITY OR CO	NCENTRA	ATION			FREQUENCY	
PARAMETER		AVERAGE MONTHLY	MAXIMUM DAILY	UNITS	MINIMU M DAILY	AVERAGE MONTHLY	MAXIMU DAILY	M	JNITS	NO. EX.	OF ANALYSIS	SAMPLE TYPE
рН	SAMPLE MEASUREMENT											
ρΠ	PERMIT REQUIREMENT				Report		Repor	t	s.u.	n/a	01/90	Grab
	SAMPLE MEASUREMENT											
Conductivity	PERMIT REQUIREMENT		Report	microohms/ cm						n/a	01/90	Grab
Total Dissolved	SAMPLE MEASUREMENT											
Solids	PERMIT REQUIREMENT						Repor	t r	ng/L	n/a	01/90	Grab
Sodium	SAMPLE MEASUREMENT											
Socialii	PERMIT REQUIREMENT						Repor	t r	ng/L	n/a	01/90	Grab
Chloride	SAMPLE MEASUREMENT											
Chloride	PERMIT REQUIREMENT						Repor	t r	ng/L	n/a	01/90	Grab
NAME/TITLE PRINCIPAL EXECUTIVE	PREPA DESIG EVALL PERSO GATHI KNOW ARE S	RED UNDER MY DIRECTIC NED TO ASSURE THAT IAITED THE INFORMATION S DNS WHO MANAGE THE SYS RRING INFORMATION, THE IN LEDGE AND BELIEF, TRUE, IGONIFICANT PENALTIES F	IN OR SUPERVISION IN QUALIFIED PERSONN IUBMITTED. BASED ON STEM OR THOSE PERSO IFORMATION SUBMITTE ACCURATE, AND COMI OR SUBMITTING FALSE	NT AND ALL ATTACHMENTS IN ACCORDANCE WITH A SY EL PROPERLY GATHERED I MY INQUIRY OF THE PERSC SDIRECTLY RESPONSIBLE ED SI, TO THE BEST OF MY PLETE. I AM AWARE THAT T E INFORMATION, INCLUDING VIOLATIONS. SEE 18 USC §	STEM AND N OR FOR				TELEPHO	DNE	ים	ATE
TYPED OR PRINTED	1001 A	ND 33 USC § 1319. (PENAL	TIES UNDER THESE STA	ATUES MAY INCLUDE FINES OF SIX MONTHS AND FIVE YEAR		TURE OF PRINCIPAL		AREA	NU	JMBER	YEAR M	O DAY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

**DISCHARGE MONITORING REPORT (DMR)** 

**MONITORING PERIOD** 

WA00040827

**PERMIT NUMBER** 

004 **Wastewater Injection at** Injection Well SU-909 **DISCHARGE NUMBER** 

DAY

**Submit Yearly** 

NOTE:	Read	instruct	tions	before
comple	tina th	nis form		

Injection has not begur		Injection	has	not	begun
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**Puget Sound Energy** NAME P.O. Box 97034 **ADDRESS** 

Bellevue, WA 98009

COUNTY Lewis

**FACILITY** 

**Jackson Prairie Gas Storage Facility** 

239 Zandecki Road LOCATION

**FROM** Chehalis, WA 98532

YEAR YEAR МО MO TO 01

,		QUANT	ITY OR LOADII	NG	QUA	LITY OR CON	CENTRATIO	ON	NO.	FREQUENCY	SAMPLE
PARAMETER		AVERAGE MONTHLY	MAXIMUM DAILY	UNITS	MINIMUM DAILY	AVERAGE MONTHLY	MAXIMUM DAILY	UNITS	EX.	OF ANALYSIS	TYPE
Turbidity*	SAMPLE MEASUREMENT										
Turbidity	PERMIT REQUIREMENT						Report	NTU	n/a	01/365	Grab
Color*	SAMPLE MEASUREMENT										
Coloi	PERMIT REQUIREMENT						Report	s.u.	n/a	01/365	Grab
Total Hardness*	SAMPLE MEASUREMENT										
Total Hardriess	PERMIT REQUIREMENT						Report	mg/L	n/a	01/365	Grab
Total Alkalinity*	SAMPLE MEASUREMENT										
Total Alkallility	PERMIT REQUIREMENT						Report	mg/L	n/a	01/365	Grab
Calcium*	SAMPLE MEASUREMENT										
Calcium	PERMIT REQUIREMENT						Report	mg/L	n/a	01/365	Grab
Magnasium*	SAMPLE MEASUREMENT										
Magnesium*	PERMIT REQUIREMENT						Report	mg/L	n/a	01/365	Grab
Deteccions*	SAMPLE MEASUREMENT										
Potassium*	PERMIT REQUIREMENT						Report	mg/L	n/a	01/365	Grab
NAME/TITLE PRINCIPAL EXECUTIVE	PREP DESIG	PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY		TELEPHO	ONE	С	ATE				
	KNOWLEGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 USC \$										
TYPED OR PRINTED		AND 33 USC § 1319. (PENALT 00.00 AND OR MAXIMUM IMPR				ATURE OF PRINCIPAL FICER OR AUTHORIZE		REA N	IUMBER	YEAR I	IO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

\*After Start of Injection (see S.3.B)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) **DISCHARGE MONITORING REPORT (DMR)** 

**Submit Yearly** 

**PERMITTEE NAME/ADDRESS** (Include Facility Name/Location if different)

Permittee is required to use sampling and analytical methods according to the permit. Further, the methods quantitation/reporting levels must be equal to or less than the corresponding permit limits. If such methods do not exist, the Permittee must use methods with lowest quantitation/reporting levels available.

WA00040827

Injection Well SU-909

NOTE: Read instructions before completing this form.

PERMIT NUMBER

DISCHARGE NUMBER

DAY

004

Wastewater Injection at

Injection has not begun

Lewis
Jackson Prairie Gas Storage Facility
239 Zandecki Road
Chehalis, WA 98532

MONITORING PERIOD

YEAR MO DAY YEAR
01 TO TO

		QUANT	ITY OR LOADIN	NG	Q	UALITY (	OR CONC	ENTRATIO	N	NO.	FREQUENCY	SAMPLE
PARAMETER		AVERAGE MONTHLY	MAXIMUM DAILY	UNITS	MINIMU DAILY		VERAGE ONTHLY	MAXIMUM DAILY	UNITS	EX.	OF ANALYSIS	TYPE
Iron (Total)*	SAMPLE MEASUREMENT											
non (rotal)	PERMIT REQUIREMENT							Report	mg/L	n/a	01/365	Grab
Aluminum*	SAMPLE MEASUREMENT											
Aldiffillatif	PERMIT REQUIREMENT							Report	mg/L	n/a	01/365	Grab
Sulfate*	SAMPLE MEASUREMENT											
Cunate	PERMIT REQUIREMENT							Report	mg/L	n/a	01/365	Grab
Nitrate*	SAMPLE MEASUREMENT											
TVIII atC	PERMIT REQUIREMENT							Report	mg/L	n/a	01/365	Grab
Arsenic*	SAMPLE MEASUREMENT											
Aiseille	PERMIT REQUIREMENT							Report	mg/L	n/a	01/365	Grab
Fluoride*	SAMPLE MEASUREMENT											
Fluoride	PERMIT REQUIREMENT							Report	mg/L	n/a	01/365	Grab
Moroury*	SAMPLE MEASUREMENT											
Mercury*	PERMIT REQUIREMENT							Report	mg/L	n/a	01/365	Grab
NAME/TITLE PRINCIPAL EXECUTIVE	DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY		TELEPH	ONE		DATE						
	KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VICATIONS. SEE 18 USC §											
TYPED OR PRINTED	\$10,00	0.00 AND OR MAXIMUM IMPR	LTIES UNDER THESE STAT ISONMENT OF BETWEEN SIX				OF PRINCIPAL OR AUTHORIZE		REA N	UMBER	YEAR	MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

**Puget Sound Energy** 

Bellevue, WA 98009

P.O. Box 97034

NAME

**ADDRESS** 

COUNTY

**FACILITY** 

LOCATION

\*After Start of Injection (see S.3.B)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

**Submit Yearly** 

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

Permittee is required to use sampling and analytical methods according to the permit. Further, the methods quantitation/reporting levels must be equal to or less than the corresponding permit limits. If such methods do not exist, the Permittee must use methods with lowest quantitation/reporting levels available.

WA00040827

**PERMIT NUMBER** 

004 **Wastewater Injection at Injection Well SU-909 DISCHARGE NUMBER** 

NOTE:	Read instructions
before	completing this form

	Injection	has	not	begu
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**FROM** 

MONITORING PERIOD YEAR DAY TO 01

		QUANT	ITY OR LOADIN	1G	QUAL	LITY OR CON	CENTRAT	ION	NO.	FREQUENCY	SAMPLE
PARAMETER		AVERAGE MONTHLY	MAXIMUM DAILY	UNITS	MINIMUM DAILY	AVERAGE MONTHLY	MAXIMUI DAILY	UNITS	EX.	OF ANALYSIS	TYPE
Cadmium*	SAMPLE MEASUREMENT										
Cadmium	PERMIT REQUIREMENT						Report	mg/L	n/a	01/365	Grab
Lead*	SAMPLE MEASUREMENT										
Leau	PERMIT REQUIREMENT						Report	mg/L	n/a	01/365	Grab
Zinc*	SAMPLE MEASUREMENT										
ZIIIC	PERMIT REQUIREMENT						Report	mg/L	n/a	01/365	Grab
Manganese*	SAMPLE MEASUREMENT										
Wanganese	PERMIT REQUIREMENT						Report	mg/L	n/a	01/365	Grab
Silica*	SAMPLE MEASUREMENT										
Silica	PERMIT REQUIREMENT						Report	mg/L	n/a	01/365	Grab
BTEX*	SAMPLE MEASUREMENT										
DIEA	PERMIT REQUIREMENT						Report	mg/L	n/a	01/365	Grab
NAME/TITLE PRINCIPAL EXECUTIVE		RTIFY UNDER PENALTY OF LA						TELEPH	ONE	D	ATE

PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRTY OF THE PERSON OR GATHERING INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 USC § TYPED OR PRINTED

PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE 1001 AND 33 USC § 1319. (PENALTIES UNDER THESE STATUES MAY INCLUDE FINES UP TO \$10,000.00 AND OR MAXIMUM IMPRISONMENT OF BETWEEN SIX MONTHS AND FIVE YEARS.)

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

**Puget Sound Energy** 

Bellevue, WA 98009

239 Zandecki Road

Chehalis, WA 98532

**Jackson Prairie Gas Storage Facility** 

P.O. Box 97034

Lewis

NAME

**ADDRESS** 

COUNTY

**FACILITY** 

LOCATION

## \*After Start of Injection (see S.3.B)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

**Puget Sound Energy** NAME P.O. Box 97034 **ADDRESS** 

WA00040827

**PERMIT NUMBER** 

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) **DISCHARGE MONITORING REPORT (DMR)** 

> 0005- Monitoring Well **Up-gradient from Collection Pond DISCHARGE NUMBER**

SIGNATURE OF PRINCIPAL EXECUTIVE

OFFICER OR AUTHORIZED AGENT

AREA

CODE

NUMBER

**Submit Quarterly** 

МО

YEAR

NOTE: Read instructions before completing this form.

Permittee is required to use sampling and analytical methods according to the permit. Further, the methods quantitation/reporting levels must be equal to or less than the corresponding permit limits. If such methods do not exist, the Permittee must use methods with lowest quantitation/reporting levels available.

DAY

Bellevue, WA 98009

Lewis COUNTY

**Jackson Prairie Gas Storage Facility FACILITY** 

239 Zandecki Road LOCATION

Chehalis, WA 98532

FROM

	N	ONITOR	RING	PERIO	D	
YEAR	МО	DAY		YEAR	МО	DAY
		01	TO			

		QUANT	ITY OR LOADIN	IG	QU	ALITY OR CO	NCENTRA	ΓΙΟΝ		NO.	FREQUENCY	SAMPLE
PARAMETER		AVERAGE MONTHLY	MAXIMUM DAILY	UNITS	MINIMUM DAILY	AVERAGE MONTHLY	MAXIMUN DAILY	1	JNITS	EX.	OF ANALYSIS	TYPE
Total Dissolved	SAMPLE MEASUREMENT											
Solids	PERMIT REQUIREMENT						Report		ng/L	n/a	01/90	Grab
Chloride	SAMPLE MEASUREMENT											
Chloride	PERMIT REQUIREMENT						Report	-	ng/L	n/a	01/90	Grab
Codium	SAMPLE MEASUREMENT											
Sodium	PERMIT REQUIREMENT						Report	-	ng/L	n/a	01/90	Grab
BTEX	SAMPLE MEASUREMENT											
DIEA	PERMIT REQUIREMENT						Report	-	ng/L	n/a	01/90	Grab
	SAMPLE MEASUREMENT											
Conductivity	PERMIT REQUIREMENT						Microohm cm	ns/	ng/L	n/a	01/90	Grab
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER    I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIONAD TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRTY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECT LY RESPONSIBLE FOR GATHERING INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE. ACCURATE, AND COMPLETE. I AM AWARE THAT THERE							TELEPHO	DNE	D	ATE		
	ARE POSS	SIGNIFICANT PENALTIES FO BIBILITY OF FINE AND IMPRISO AND 33 USC § 1319. (PENALT	OR SUBMITTING FALSE INFO	ORMATION, INCL ATIONS. SEE 18 L	UDING THE JSC §	NATURE OF PRINCIP	AL EVECUTIVE	AREA				
TYPED OR PRINTED  COMMENT AND EXPLANATION OF AN	\$10,0	00.00 AND OR MAXIMUM IMPR				OFFICER OR AUTHOR		CODE	N	JMBER	YEAR M	IO DAY

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

**Puget Sound Energy** NAME P.O. Box 97034 **ADDRESS** 

Bellevue, WA 98009

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) **DISCHARGE MONITORING REPORT (DMR)** 

WA00040827

PERMIT NUMBER

0006- Monitoring Well **Down-gradient from Collection Pond DISCHARGE NUMBER** 

**Submit Quarterly** 

**NOTE: Read instructions** before completing this form.

Permittee is required to use sampling and analytical methods according to the permit. Further, the methods quantitation/reporting levels must be equal to or less than the corresponding permit limits. If such methods do not exist, the Permittee must use methods with lowest quantitation/reporting levels available.

Lewis COUNTY **FACILITY** 

**Jackson Prairie Gas Storage Facility** 

239 Zandecki Road LOCATION

**MONITORING PERIOD** YEAR MO DAY TO 01

**FROM** Chehalis, WA 98532

PARAMETER		QUANTITY OR LOADING			QU	QUALITY OR CONCENTRATION				NO.	FREQUENCY	S	SAMPLE	
		AVERAGE MONTHLY	MAXIMUM DAILY	UNITS	MINIMUM DAILY	AVERAGE MONTHLY	MAXIMU DAILY	М	UNITS	EX.	OF ANALYSIS	_	TYPE	
Total Dissolved Solids	SAMPLE MEASUREMENT													
	PERMIT REQUIREMENT						Repor	t	mg/L	n/a	01/90	(	Grab	
Chloride	SAMPLE MEASUREMENT													
	PERMIT REQUIREMENT						Repor	t	mg/L	n/a	01/90	(	Grab	
Sodium	SAMPLE MEASUREMENT													
Socialii	PERMIT REQUIREMENT						Repor	t	mg/L	n/a	01/90	(	Grab	
BTEX	SAMPLE MEASUREMENT													
BILX	PERMIT REQUIREMENT						Repor	t	mg/L	n/a	01/90	(	Grab	
Conductivity	SAMPLE MEASUREMENT													
	PERMIT REQUIREMENT						Microoh /cm	ms	mg/L	n/a	01/90	(	Grab	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE REPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM SIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND VALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR ERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR FATHERING INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY NOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE RES SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE			A SYSTEM ERED AND PERSON OR NSIBLE FOR MY 'HAT THERE UDING THE	·		TELEPHONE		DATE				
TYPED OR PRINTED		SIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 USC § 70 AND 33 USC § 1319. (PENALTIES UNDER THESE STATUES MAY INCLUDE FINES UP TO 1000.00 AND OR MAXIMUM IMPRISONMENT OF BETWEEN SIX MONTHS AND FIVE YEARS.)					ATURE OF PRINCIPAL EXECUTIVE AREA FIFICER OR AUTHORIZED AGENT CODE		N	UMBER	YEAR	МО	DAY	

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Permittee is required to use sampling and analytical methods according to the permit. Further, the methods quantitation/reporting levels must be equal to or less than the corresponding permit limits. If such methods do not exist, the Permittee must use methods with lowest quantitation/reporting levels available.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

# NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

### Submit Yearly

WA00040827

**PERMIT NUMBER** 

0007- Monitoring Well Down-gradient from Injection Well Su-909

**DISCHARGE NUMBER** 

DAY

NOTE: Read instructions before completing this form.

NAME Puget Sound Energy
ADDRESS P.O. Box 97034

Bellevue, WA 98009

COUNTY Lewis

FACILITY Jackson Prairie Gas Storage Facility

LOCATION 239 Zandecki Road Chehalis. WA 98532

,		
	FROM	

		14	MONITORING I ERIOD									
	YEAR	МО	DAY		YEAR	МО						
ı			01	TO								

PARAMETER		QUANTITY OR LOADING			Q	QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPL	ri F
		AVERAGE MONTHLY	MAXIMUM DAILY	UNITS	MINIMUI DAILY	AVERAGE MONTHLY	MAXIMU DAILY	М	UNITS	EX.	OF ANALYSIS	TYPE	
Total Dissolved	SAMPLE MEASUREMENT												
Solids	PERMIT REQUIREMENT						Repor	t	mg/L	n/a	01/365	Grab	)
Chloride	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT						Repor	t	mg/L	n/a	01/365	Grab	)
Sodium	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT						Repor	t	mg/L	n/a	01/365	Grab	)
Conductivity	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT						Microohi /cm	ms	mg/L	n/a	01/365	Grab	)
NAME/ITTLE PRINCIPAL EXECUTIVE OFFICER PR DE EV. PG		TIFY UNDER PENALTY OF LA ARED UNDER MY DIRECTIO SNED TO ASSURE THAT UATED THE INFORMATION SI ONS WHO MANAGE THE SYS ERING INFORMATION, THE IN	N OR SUPERVISION IN ACC QUALIFIED PERSONNEL P UBMITTED. BASED ON MY I IFEM OR THOSE PERSONS D IFORMATION SUBMITTED IS,	CORDANCE WITH ROPERLY GATH NQUIRY OF THE FIRECTLY RESPONTO THE BEST OF	A SYSTEM ERED AND PERSON OR ISIBLE FOR MY				TELEPHO	ONE		DATE	
	ARE POSS	WLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE SIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 USC §			UDING THE JSC §								
		AND 33 USC § 1319. (PENALTIES UNDER THESE STATUES MAY INCLUDE FINES UP TO 100.00 AND OR MAXIMUM IMPRISONMENT OF BETWEEN SIX MONTHS AND FIVE YEARS.)				GIGNATURE OF PRINCIPAL OFFICER OR AUTHORIZ			N	UMBER	YEAR	MO DA	AY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)